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UNIVERSITY OF ALBERTA

UNSOLICITED LETTERS:
THE MEANING OF COMPLAINTS AND COMMENDATIONS

BY

MARILYN WACKO

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of **MASTER OF NURSING**.

FACULTY OF NURSING

Edmonton, Alberta

FALL 1994

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ISBN 0-315-94984-8

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DEGREE: **Master of Nursing**

YEAR THIS DEGREE GRANTED: **1994**

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Mwacko

18661-61 Avenue
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August 4, 1994
Date

Like Night

Lying alone in a strange place
Nurses rushing in and out
No one seems to notice me

They take my BP
Start my IV
What about me?

Who is here to care for me?

No one

Like Day

A gentle touch
A hug
A look of understanding
A warm and friendly smile

Safe
Warm and peaceful

Not alone
Not afraid

They cared

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **UNSOLICITED LETTERS: THE MEANING OF COMPLAINTS AND COMMENDATIONS** submitted by **MARILYN WACKO** in partial fulfillment of the requirements for the degree of **MASTER OF NURSING**.

Olive Yonge

Dr. Olive Yonge

Lillian Douglass

Dr. Lillian Douglass

Ronna Jevne

Dr. Ronna Jevne

DATE: July 25, 1994

DEDICATION

To my parents, Peggy and Paul Wacko, who taught me to believe in myself. I would not have accomplished this project without your unfailing support and encouragement. You are truly wonderful parents.

ABSTRACT

The literature related to complaints and commendations revealed that research had mainly been done on complaints alone. Most researchers had focused on quantifying complaints as to type and frequency. Few researchers had focused on written complaints and commendation. The purpose of this study was to describe and analyze the process underlying the phenomenon of writing unsolicited letters about the nature of care received in hospitals. The research questions which guided this study were: what is the experience of an individual who writes a letter to a hospital about the nature of care? what are the similarities and/or differences in the factors that lead an individual to write a letter of complaint versus a letter of commendation?

The data was collected through guided interactive interviews with eight informants. Grounded theory approaches were used to analyze the data. Categories emerged related to the experience of individuals who write letters to hospitals about the nature of care. The core category that emerged from the data was 'like night and day'. Like night and day reflected a contrasting experience in individuals' perceptions of and reaction to the nature of care received. A four stage process was outlined: (a) receiving care, (b) reacting to care, (c) taking action, (d) leaving a permanent mark. The similarities and differences in the factors that influenced individuals to write letters of complaint or commendation were identified as: first contact, attitude setter, nursing presence, and doing and being.

Some of the categories and themes developed during data analysis bear

similarities to the nursing research done on individuals' and families' perceptions and responses to caring and noncaring, and to the quality of care received. Most notably, the work of Rempusheski et al (1988) and Ludwig-Beymer et al (1993). The implications for nursing practice, administration, education and research are presented along with the factors to be considered when reviewing this study.

ACKNOWLEDGEMENTS

There are a number of individuals I would like to thank for their help in making this project possible. To Dr. Olive Yonge, my supervisor, for her guidance, enthusiasm and caring. I would also like to thank the other members of my thesis committee. To Dr. Lillian Douglass for her positive attitude and words of encouragement. To Dr. Ronna Jevne for always challenging me with thought provoking questions.

I would especially like to thank my husband, John Campbell, for his loving support, constant belief in my abilities and for always being able to make me smile. To my Baba for her prayers and love. To my sister-in-law, Betty MacDonald, for her positive attitude and never ending enthusiasm. To the rest of my family, thank you for all your support and encouragement throughout this process.

To Bernie Pauly thank you for being there to help answer the tough questions. To Rita Jacobs, a friend and colleague, thank you for always caring. I would also like to thank the many close friends and colleagues who encouraged and supported me. Your words of encouragement sustained me through the tough times.

I also wish to recognize the Alberta Association of Registered Nurses (AARN) and the Alberta Foundation for Nursing Research (AFNR) for their financial support of this project. These organizations are not necessarily supportive of any ideas, findings, etc., associated with this project.

Lastly, I wish to acknowledge the individuals who participated in this study. Thank you for sharing your time and your experiences with me. To all of the individuals mentioned above, thank you for helping me through this process.

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Chapter I: Introduction

Problem Statement

Patient, client, consumer or customer: over the past years, the names of the recipients of health care services have been changing as rapidly as the health care system itself. Historically, patients have had minimal input into the health care delivery process (Meisenheimer, 1991). In fact, their views were often considered unimportant and external to the process itself. The health care system has been affected by escalating health care costs and rapid advances in medical science and technology. This has in turn lead to a changing role for patients.

Hospitals and governments are recognizing the important role of the consumer in health care delivery. In Alberta, the Government has indicated that the future health care system will ensure consumer choice (Alberta Health, 1991). This growing awareness of the consumer as the "focal actor" in the health care system has stimulated an interest in listening to the opinion of the consumer and responding to their needs (Meisenheimer, 1991). Facilitating consumers' control over health decisions is an important factor in health promotion.

Many hospitals are moving to make changes to improve the experience of the patient (Inguanzo, 1992). Hospitals have shifted toward implementing total quality management programs (TQM) in their institutions (Meisenheimer, 1991). TQM programs emphasize a balanced relationship among nurses,

doctors, employers and consumers. Allowing every player, including consumers, to define quality dimensions, make judgments and contribute to the quality of care delivered and received means the health care system will better meet the needs of the consumers it serves (Meisenheimer). As a result, health professionals have begun to focus more on understanding the patient's experience as a key aspect of quality improvement programs (Carter & Mowad, 1988).

Nurses make up the largest professional discipline within the hospital and are the only health care professional continually in attendance of the patient. This places nurses in a crucial position to attain and influence the perceptions of the individuals they care for (Carter & Mowad, 1988; Davis-Martin, 1986). Hence, it is relevant that a study such as the one proposed be conducted by a nurse.

What are the views of the consumer about the health care they receive? Extensive nursing research has been conducted in the areas of patient satisfaction and quality assurance (Carmel, 1990; Schwartz & Overton, 1992). However, little recent work on quality assurance has utilized the information and perspective that only patients can provide (Cleary, Edgman-Levitan, McMullen, & Delbanco, 1992).

For many years, individuals have written letters to hospitals about the care received. One way of understanding the patient's experience is through studying these letters. Individuals who write letters to hospitals about the

nature of care are sending a message to health care professionals. The meaning of the complaint or commendation may not be readily apparent (Davidhizar & Vance, 1992). By uncovering the process that is occurring, nurses could gain a better understanding of the experience of the individuals that they care for.

Purpose and Rationale

The purpose of this study is to describe and analyze the process underlying the phenomenon of writing unsolicited letters about the nature of care received in hospitals. The focus of this research is on the experience of the care received rather than the actual letter. An additional purpose is to gain an understanding of the similarities and/or differences in the factors that lead an individual to write a letter of complaint versus a letter of commendation. The findings of this study may enrich nurses understanding of the needs and perceptions of the individuals they care for. As well, the factors that contribute to complaints and commendations, as revealed by this study could be incorporated into current total quality management programs.

Research Questions

The research questions for this study are: 1) What is the experience of an individual who writes a letter to a hospital about the nature of care? 2) What are the similarities and/or differences in the factors that lead an individual to write a letter of complaint versus a letter of commendation?

Chapter II: Review of the Literature

Complaints and compliments have been described as being at extreme ends of the continuum of satisfaction and quality care (Hemenway & Killen, 1989). Complaints have often been viewed as a reflection of patient satisfaction levels, although speculation exists as to whether or not there is a direct correlation between complaining behavior and dissatisfaction (Day, Grabick, Schaetzle, & Staubach 1981; Raphael, 1967; Schwartz & Overton, 1992). A distinction between the dissatisfied consumer and those consumers that actually complain needs to be made (Dennis, Overton, Schwartz & Strait, 1992).

Some authors assert that complainers are merely the tip of the iceberg, the visible portion of a larger number of individuals who are dissatisfied but do not complain (Hemenway & Killen, 1989; Owen, 1991; Rosselli, Moss, & Luecke, 1989). In fact, Segest (1988) found that only 11.7% of 240 individuals who were dissatisfied with their medical treatment actually complained. Fear of reprisal or fear of being labelled a grumbler can make individuals reluctant to complain while in hospital (Nehring & Geach, 1973; Raphael, 1967). However, once individuals are discharged they may react in quite another way (Davis-Martin, 1986). Perhaps, these are the individuals who write letters of complaint.

On the other hand, commendations are often a reflection of an individuals very positive experience in hospital which may reflect more than

merely their level of satisfaction. A review of the literature on patient satisfaction with health services has shown that this topic has been studied extensively. In contrast, research conducted in the area of complaints and commendations regarding health services is rather limited. Research has been done mainly on complaints alone, in a variety of settings and with diverse populations, and research methodologies. Research studies which exemplify this diversity and are relevant to this study are highlighted.

Setting

Complaints have mainly been studied in ambulatory care (Hemenway & Killen, 1989) and acute care settings (Carmel, 1988; 1990) with the main focus being the emergency department (Burstein & Fleisher,1991; Chande, Bhende, & Davis, 1991; Dennis, Overton, Schwartz & Strait, 1992; Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Reichl & Sleet, 1990; Schwartz & Overton, 1987). Some studies of complaint behavior have also been done in mental health and long term care facilities (Roth, 1984; Quilitch & Christensen, 1981; Wagnild, 1986).

The vast majority of studies have been conducted in the United States and Britain (Chande et al., 1991; Hemenway & Killen, 1989; Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Quilitch, 1981; Reichl & Sleet, 1990; Schwartz & Overton, 1987). The health care system in these countries differs considerably from the Canadian health care system thus limiting the generalizability of the findings. In contrast, Carmel's (1988, 1990) research on

patient dissatisfaction and complaint strategies was conducted in Israel. It is a health care system that is more closely aligned with the Canadian system of health care. Israelis, like the majority of Canadians, do not pay directly for hospital services as most (94%) have health insurance.

Complaint Responses

Carmel conducted two studies with inpatients (1988, 1990). In her first study, Carmel (1988) analyzed the intensity of complaint responses of hospitalized patients in relation to: perception of the severity of the service failure, general satisfaction and relative social power. Some of the findings of particular interest include: 81% of patients reported a problem; 78% of reported problems referred to supportive services, 14% to physicians' services and 9% to nurses' services; the best predictor of intensity of complaint behavior was its perceived severity; individuals with more personal and situational power were more likely to use directed complaint responses (explicit attempts to change the service) as opposed to nondirected responses.

Carmel's second study involved interviewing 155 inpatients who reported problems with their care and took action to elicit change. Carmel (1990) studied the patients' complaint strategies and the providers' responses to verbal complaints about hospital service. Findings of particular interest include: less than half of the patients who reported experiencing a problem with hospital services took action to change the situation; only 18% of patients reported a satisfactory immediate response to their complaints and a

satisfactory outcome. Carmel found that satisfaction with services was influenced by the hospitals response to complaints. Patients expected that the hospital administration would take action in regard to their complaint.

Carmel concluded that verbal complaints more accurately reflected the level of dissatisfaction with hospital services than did formal written complaints. However, "Israelis and Jews are reputed to be particularly verbal in expressing their emotional as well as physical problems and complaints" (Carmel, 1988, p. 279). The generalizability of the findings may be limited due to the specific culture studied.

Causes and Frequency of Complaints

Most research studies have focused on retrospectively quantifying both verbal and written complaints about care received in emergency departments. The incidence and major reasons for complaints were determined over varying time frames of one to ten years (Chande et al., 1991; Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Owen, 1991; Reichl & Sleet, 1990). The most common reasons for complaint were: misdiagnosis (Chande et al.; Hunt & Glucksman; Kadzombe & Coals; Reichl & Sleet); waiting time (Chande et al.; Hunt & Glucksman; Reichl & Sleet); poor communication (Hunt & Glucksman; Kadzombe & Coals); staff attitude (Chande et al.; Hunt & Glucksman; Reichl & Sleet); billing (Chande et al.); inadequate treatment (Chande et al.; Kadzombe & Coals).

Schwartz & Overton (1987) analyzed all complaints received over a one

year period by following up with the complainant and the emergency room staff involved in the complaint. As in other studies, the most common reasons for complaint involved billing (55.3%), followed by complaints about physicians (29%) related to lack of communication, perceived misdiagnosis, and poor attitude, and nursing staff (7%) due to perceived rudeness, uncaring or cold attitudes.

The methods for calculating frequency of complaints vary from study to study. Some report the complaint frequency as the number of complaints per 1000 visits, whereas others report the frequency as the number of complaints per 1000 new cases. The frequency of complaints varied considerably from 1.1 per 1000 visits (Chande et al., 1991) to 3.8 per 1000 visits (Schwartz & Overton, 1987); to 1 per 4941 new patients (.2 per 1000) (Hunt & Glucksman, 1991); to .158 per 1000 new cases (Kadzombe & Coals, 1992); to .012% of new attendances (Reichl & Sleet, 1990).

Researchers have found that complaints often involved more than a single problem (Hunt & Glucksman, 1991; Kadzombe & Coals, 1992). Kadzombe and Coals found that individuals had been bothered by two or three events before complaining. Hunt and Glucksman found that 50% of the complainants expressed dissatisfaction with more than one part of their experience.

The validity of complaints has been questioned by some researchers who classified complaints into groups: warranted and unwarranted or valid and

invalid (Burstein & Fleisher, 1991; Chande et al., 1991; Schwartz & Overton, 1987). Thus implying that some complaints are unfounded. Davidhizar & Vance (1992) state that complaints are complex, and therefore need to be further examined to identify and understand the meaning behind the complaint.

Sociodemographic Variables

Many sociodemographic variables have been examined in relation to complaint behavior, but few trends have been found. Dennis et al. (1992) compared emergency department complaint frequency with median household income, as approximated by patient residence zip code. They found that higher income patients were more likely to complain than lower income patients. Educational level, age, and sex of the patients were not researched and may have confounded the findings. The patient's zip code was used to classify complainers regardless of who complained (patient or relative). In contrast, Hemenway & Killen (1989) found that income level was not correlated with complaint frequency in an ambulatory care center.

There does seem to be an inverse correlation between complaint frequency and increasing age (Miller, 1976; Schwartz & Overton, 1987), although Hemenway & Killen (1989) found older patients were more likely to complain. Several studies have found women to be more likely to complain (Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Schwartz & Overton, 1987), however, other studies have found no significant difference in terms of

the gender of complainers and noncomplainers (Burstein & Fleisher, 1991; Hemenway & Killen, 1989).

In contrast, Hemenway & Killen (1989) compared method of patient complaint (written, telephone or in person) with several sociodemographic variables. A total of 229 complaints from 24 freestanding ambulatory care centers were reviewed. No significant difference was found between letter writers and telephone complainers, in terms of sex, income, initial visit, nature of the complaint, total bill or insurance coverage. The only significant difference found was that letter writers were slightly older (average age 48 compared to 40).

Patients and relatives made up the majority of complainants (Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Reichl & Sleet, 1990; Schwartz & Overton, 1987). Relatives, most commonly parents, were found to register more complaints than patients in adult and pediatric emergency departments (Chande et al., 1991; Kadzombe & Coals, 1992; Reichl & Sleet, 1990) although, Schwartz and Overton (1987) found that patients were more likely to complain.

Compliments and Complaints

In comparison with studies focusing only on complaints, a paucity of research exists focusing on both compliments and complaints. Burstein and Fleisher (1991) identified factors that predisposed complaints or compliments in a pediatric emergency department. Eighty seven communications were

received over a three year time period of which 77% were complaints and 23% were compliments. Some of the findings of particular interest are: complaints were significantly more likely to be verbal; compliments tended to be formally written letters; critically ill patients or their families were more likely to express compliments; as in other studies, complaints involved quality of care (37%), billing issues (22%), staff attitudes (23%) and waiting time (18%); and complimentary letters involved quality of care (54%) and staff attitudes (43%).

Comparatively, other researchers have focused only on unsolicited letters received by health care agencies (Harris, 1992a; Ludwig-Beymer et al., 1993; Rempusheski, Chamberlain, Picard, Ruzanski & Collier, 1988). Harris (1992a) analyzed 53 letters received over a one year period by a home health care agency to determine: who wrote the letters; what was important to letter writers; and if there was a correlation between the patients' perceptions of the outcomes of care and their outcomes based on clinical data. Family members wrote the majority of letters (n=41), followed by patients themselves (n=11). As well, one letter was written by a physician whose patient had received home health care services. Thirty two of the letter writers were male and 21 were female. The content of the letters was classified according to Risser's (1975) "three dimensions of nursing performance that constitute nursing care: (1) interpersonal relationships and the personality of the provider (type 1), (2) professional competence of the provider (type 2), and (3) the nurse's ability to provide information for patients (type 3)" (Harris, p. 67). The findings of

particular interest include: most letters were types 1 and 2; none of the 53 letters expressed dissatisfaction; and no relationship was found between the content of the letters and the following factors: length of stay; total charges for care; time spent in the home; payer source; discipline providing care; or the clinical outcomes of the care (Harris, 1992b).

Few researchers have studied complaints and commendations qualitatively. Two studies utilized a grounded theory approach to retrospectively analyze unsolicited letters sent to hospitals to determine patient and family perceptions of care (Ludwig-Beymer et al., 1993; Rempusheski et al., 1988). Rempusheski et al. (1988) explored the perceptions of hospitalized individuals about care expected and care received as communicated in letters sent to the hospital after discharge. The concepts of care and patient-family-nurse interrelationships provided the organizing structure for this study. Sixty three letters were randomly selected from a total of 239 received over a four year period from a 460 bed urban hospital in the Northeastern States. Demographic findings indicated that 70% of the letter writers were female. However, not all letter writers provided identifying information. In this study, 15 categories emerged representing the patient's view of the "care trajectory" (p. 45). Preliminary theory development suggested the following process: 1) elements of care; 2) patient/family judgement of care; 3) options for action; and 4) outcomes or lasting impressions of care. In this process, characteristics of the nurse and patient, hospital and professional image, and caregiving/caring

were some of the categories under elements of care deemed necessary for patients/families to make a judgment about the care. The concept of critical juncture, "a vulnerable period in a patient's hospital stay, when the occurrence of particular events creates the most lasting impression of the hospital experience and influences the nurse-patient relationship", was described as the medium for effecting patient/families judgement of care (p. 47-8). Patient/families selected options for action based on their judgment of care received or care expected but not received. As part of the process, patients/families provided information in their letters to substantiate themselves as "reliable informants" to justify the action taken. The three options for actions identified were: alternative caregiver, care investment, and reciprocity. "Nurses make a difference", the lasting impression of care received from nurses, was the category used to represent the outcome of this process. The concepts generated provided a description of patient/families' perceptions of care. Rempusheski et al. only studied the perceptions of individuals up to the time they wrote the letter. They did not examine the entire experience of individuals who write letters about the nature of care.

Comparatively, Ludwig-Beymer et al. (1993) conducted a partial replication of Rempusheski's study. As one method of data collection, 38 unsolicited letters to hospital administrators were examined to determine patient and family perceptions of care. The categories of global experience and quality nursing care experience were identified from analysis of the data.

Attachment, community, consistency, healing environment, and critical life events were identified as important elements of the global experience. The experience of quality nursing care was described as general nursing and involved a "calling of the head and heart". A calling of the head described nurses as capable and communicative. Whereas, a calling of the heart described nurses as caring, respectful, enthusiastic, and going the extra mile. Ludwig-Beymer et al. only described individuals' perceptions of quality care and caring. Poor quality care and noncaring behaviors were not discussed.

The majority of research in this area has been done in acute care settings in the United States and Britain with the main focus being on complaints alone. Quantitative methods have been most commonly used to examine the frequency and major causes of complaints over various time frames. Few studies were found that used qualitative methods. Grounded theory approaches were used in two studies which examined unsolicited letters sent to hospitals. Both of these were done by nurse researchers who explored the individuals' perceptions of the quality of care received as expressed in their letters. There were no studies found which examined the process underlying the phenomenon of unsolicited letters written about the nature of care received in hospitals.

With the emphasis on increased consumer involvement and satisfaction with health care, the voice of the consumer in the area of complaints and commendations needs to be heard. There is a need for systematic exploration and advancement of nursing knowledge in this area. This research study was designed to meet this need.

Chapter III: Methods

In this chapter the methods used to answer the research questions will be discussed. First, a description of the research design used for this project will be discussed. Next, a description and explanation of the sample, data collection and analysis methods will be reviewed. Third, issues of reliability and validity will be addressed. Lastly, ethical considerations will be presented.

Research Design

In this study, the intent was to obtain information about and develop an understanding of the experience of an individual who writes a letter to the hospital about the nature of care. When little is known about a phenomenon and the intent of the research is to gain insight into the phenomena under study, the choice of research method should be a qualitative one (Leininger, 1985; Field & Morse, 1985; Strauss & Corbin, 1990). Since little is known about the phenomenon of writing unsolicited letters to hospitals, it is appropriate to utilize qualitative methods.

Grounded theory is a method of qualitative research that has been primarily used for preliminary exploratory and descriptive studies in an area where little research has been done (Glaser & Strauss, 1967). Grounded theory was developed from symbolic interactionism, a school of thought that views human behavior as being part of a social process (Glaser & Strauss, 1967). Grounded theory involves the discovery, development and verification of data which has been systematically collected and analyzed. In grounded

theory, the researcher aims to generate theoretical constructs or basic social processes rather than verify an existing theory (Corbin & Strauss, 1990).

Grounded theory is both an inductive and deductive approach to theory construction (Field & Morse, 1985). With this approach, data analysis occurs simultaneously with data collection. Concepts are grounded in the data and hypotheses are continuously tested against new data. Future data collection is guided by theory generation.

Sample

Purposeful or theoretical sampling techniques were utilized. In theoretical sampling, informants who had specific characteristics which facilitated the development of the emerging theory were selected. Informants were chosen for reasons of convenience and experience with the phenomenon. (Field & Morse, 1985). The nonprobability sample for this study was composed of informants who had written letters about the nature of care to five different hospitals. Negative cases were built into the study itself as the range of experience from complaint to commendation was researched.

Informants were obtained in two ways: indirectly through hospitals and through snowball sampling. Informants were obtained from two hospitals located in a metropolitan area of Western Canada. These hospitals sent a letter of invitation to participate in the study to individuals who had written them a letter about the nature of care received (see Appendix A). An information letter was sent with the hospital's invitation to participate. The information

letter indicated the purpose of the study, procedures, what was expected of the informants and estimated time commitment (see Appendix B). A stamped self-addressed postcard was enclosed with the information letter. Individuals who wanted to participate in the study could return the postcard or telephone the researcher. All these informants contacted the researcher by returning the postcard. The researcher contacted the secretaries at both hospitals every month to determine the number of invitations sent out and answer any questions related to the research (sample criteria, etc.). It was estimated that half of the individuals who received the invitation responded.

Snowball sampling technique was also used to obtain informants. These informants had written letters about the nature of care to three other hospitals in the same metropolitan centre. The researcher attempted to identify individuals who had written a letter regarding nursing care. However, some individuals wrote letters that were multidisciplinary in nature. These individuals were also included in the study.

All individuals who participated in this study met the following criteria:

1. Able to read and speak English
2. Eighteen years of age or older.
3. Had written a letter to a hospital about the nature of care they or a relative received.
4. Willing to discuss the experience that led up to the writing of the letter.

Individuals who were involved in medical-legal issues with the hospital were not included in this study.

A total of eight informants were interviewed. Interviewing was stopped after obtaining data from the eighth informant because no new information was being obtained. Two informants had written more than one letter to hospitals. One informant was interviewed regarding three letters written about separate experiences at the same hospital. Another informant was interviewed regarding two letters written to two different hospitals. A total number of 11 letters were discussed. Three letters were identified by the informants as commendations, eight letters were identified by the informants as complaints. Individuals were interviewed at varying points of time from the experience in hospital to the interview. The time frame varied from one month to two years. In Table 1 a summary of the number of letters written, type of letter and time length from experience to interview is presented.

Four informants were relatives of the patient and four informants were the patient. Seven informants were Caucasian and one was Trinidadian. One informant was male and seven were female. The range in age of informants was from 30 to 77 years. Five informants were married and three were divorced. All informants had completed a minimum of a high school education. The hospital units about which letter writers commented included both inpatient and outpatient areas. The length of stay in the hospital varied from a few hours to 6 weeks. In Table 2 a summary of the characteristics of the informants is presented.

Table 1:

Number and Type of Letters Discussed and Timeframe from Experience to Interview

Informant	**# of Letters & Type of Letter Discussed in Interview**	**Length of Time from Experience to Interview**
Trudy	1-complaint	4-5 Months
Cheryl	Three 1-commendation (D) 2-complaints (H)	2 months 1 year
Ron	1-commendation	1 month
Kim	1-complaint	1 1/2 years
Cathy	Two 1-complaint 1-commendation	3 months
Janice	1-complaint	1 1/2 years
Anne	1-complaint	10 months
Nadia	1-complaint	2 years

D=Daughter; H=Husband

Table 2

Characteristics of Informants

Informant	Relationship to Patient	Occupation	Patient's Diagnosis	Hospital Unit(s) Involved	Number of Times Pt. in Hospital	Number of letters written to any hospital in the past
Trudy	self	Case Manager	Hysterectomy	GYN	1	1
Cheryl	wife	Project Analyst	Daughter-pilonidal cyst Husband-chest pain, perianal abscess	ER	1 5	6 or 7
Ron	son	Salesman (paramedic)	Heart Failure	ER & ICU	0	1
Kim	daughter	Student Nurse	Hysterectomy Vaginal Repair	GYN	5	1
Cathy	self	Homemaker	Kidney stone	ER	4	2
Janice	self	Registered Nurse	Delivery of baby	OBS	0	1
Anne	self	Retired Nurse	Reapplication of cast to arm	OUTPT	6	1
Nadia	daughter	Homemaker	Alzheimers Disease	MED	0	2

GYN=Gynecology; ER=Emergency; OBS=Obstetrics; OUTPT=Outpatients; ICU=Intensive Care Unit

*Hospital where letter was sent

Data Collection

Guided interactive interviews were the primary method of data collection. Depending on the need for further information or clarification, one to two interviews were conducted with each participant. The first interviews were approximately one hour in length. The second interviews varied from 15 minutes to one and a half hours in length. All interviews were audiotaped and transcribed verbatim.

All informants except one were initially interviewed face-to-face. One informant preferred an initial telephone interview due to difficulty scheduling a face-to-face interview. The majority of the second interviews were by telephone. Two informants were interviewed face-to-face a second time. Informants had the option of choosing to be interviewed face-to-face or over the telephone.

The initial telephone contact was used to describe the nature of the research in general terms, to answer any questions and to arrange a time for the first interview. Interviews were conducted at a place and time which was mutually convenient for the informant and researcher. Most interviews took place in the informants' home. One informant was interviewed in the quiet room of the hospital where she worked. Another informant was interviewed in the staff cafeteria of a hospital during quiet hours. Both of these were at the request of the informant. If the interview occurred in the informant's home, a

time was arranged when the informant would be home alone and free from interruptions.

During the first interview, rapport was developed, the research topic was discussed in general terms, an informed consent form was signed (see Appendix C) and biographical data were collected (see Appendix D). The researcher utilized a set of guiding questions designed to facilitate exploration of the experience of individuals who write letters to hospitals about the nature of care (see Appendix F). Guiding questions were initially on a superficial level and increased in depth as the relationships among the concepts within the data were identified (Field & Morse, 1985). The interviews were directed by the informants responses (Field & Morse, 1985). Guided by ongoing data analysis, more specific questions were used during subsequent interviews to clarify, enhance and/or validate data, interpretations and conclusions.

Following transcription of the initial interviews, the transcripts were checked for accuracy with the audiotaped interview. A copy of the transcript was mailed to each informant. An additional copy of each transcript was kept in a locked filing cabinet. A letter was sent with the transcript asking the informants to review it for accuracy and clarity. Informants were encouraged to make corrections directly on the transcript and to send the transcript back to the researcher. A stamped self-addressed envelope was included.

All informants, except for two, were interviewed twice. However, the two informants who were not interviewed a second time did review their

transcripts and indicate that there were no changes they wanted to make to it. The questions for the second interview were generated from the analysis of the first interview and from analysis of other informants' interviews. As well, informants were asked: if they felt that the transcript reflected their experience; if there were any changes or additions they wanted to make to the interview; and how they felt about the interview. Some informants expressed concern about their grammar and syntax. All informants expressed a sense of feeling good about being interviewed. They indicated that they were pleased they had participated in the research study.

Another source of data for some informants was the letter itself. All informants were asked if it was important to them that the researcher read their letter. Most informants felt that the researcher did not need to read their letter. They indicated that all the information had been shared in the interview. Three letters were reviewed by the researcher. Two were reviewed because the informant expressed some difficulty in remembering events so the letter was used to substantiate the data. One other letter was reviewed for the researchers edification as this informant had written several different letters. The letters were compared to the data obtained in the first interview. Questions that were raised during this review were noted and informants were asked about these in the second interview. The researcher found that the letters validated the data obtained in the interviews.

After the interviews, field notes were written describing the informants nonverbal communication, the context of the interviews and the impressions of the researcher. Methodological notes containing information about the logistics of the study were also recorded in a separate diary. Theoretical notes or memos were recorded to reflect the beginning analysis of the data (Strauss & Corbin, 1990). This involved the writing down of all thoughts and beginning interpretations of the researcher about the meaning of the data collected as they occurred to the researcher. These notes were utilized during the data analysis.

Data Analysis

In grounded theory, data analysis occurs simultaneously with data collection. "There is a responsive interaction between the collection of data and analysis, with the interviews directing the coding and vice versa" (Morse & Johnson, 1991). This is a circular method where the researcher focuses on exploring areas revealed by the ongoing data analysis.

Following the completion of each interview, the researcher listened to each tape for both tone and content of the questions and responses of the interviewer and informant. Audiotapes were transcribed by a secretary. After transcription, each audiotape was reviewed with the transcript. Corrections were made to the interview and the interviewing skills of the research were reviewed. As well, information that needed to be clarified in followup interviews was identified. The transcribed interviews were placed into a computer file. Back up copies of interview files were created. Each interview

was labelled with interview, subject and page numbers.

Data were analyzed for recurring words, phrases, themes or concepts relating to the responses of the informants. Coding of the data occurred as it was collected. To assist with the conceptualizing and categorizing of data, comparisons were made as data were coded (Strauss & Corbin, 1990). After each interview, the researcher coded the data by underlining important data information such as possible factors to followup and concepts to explore. As coding progressed, similar concepts were grouped together into 14 categories. Through constant comparison of the interviews, the researcher refined and reduced the data to eight categories. A conceptual name which reflected the nature of the concepts grouped together was given to each category. "In vivo" codes, catchy words or phrases used by the informants themselves were used (Strauss, 1987). Categories were compared within interviews for each informant as well as compared across interviews with other informants. The researcher then recoded the data using a cut and paste method. The cut and paste method was used to ensure the researchers findings were grounded in the data. The cut and paste method validated the eight categories and added depth and richness to the category definitions. Properties and dimensions were developed for categories as they emerged from the data and conceptual linkages among the categories were also identified. Patterns of relationships among categories were examined to form initial hypotheses about the relationships among these categories. These hypotheses were verified by

constant comparison with emerging data to determine if proposed relationships were supported by the data.

As the theory emerged, the researcher identified the core category which encompassed the initial categories. A theoretical framework was developed from the data which provided an understanding of the experience of individuals who write letters to hospitals about the nature of care.

The researcher entered the coded data into the Ethnograph computer program. The Ethnograph computer program was used to establish a data filing system (Seidel, Kjolseth, & Seymour, 1985). Using this program, the researcher was able to quickly identify and sort data as well as classify data into multiple categories.

Reliability and Validity

Rigor is an issue of serious concern to the qualitative researcher. Grounded theory methodology generates theory rather than testing it. Thus, criteria for determining reliability and validity differs significantly from those in quantitative research. (Field & Morse, 1985; Krefting, 1991). In fact, qualitative researchers have suggested that the terms reliability and validity should be replaced by such terms as credibility, accuracy of representation and authority of the writer (Agar, 1986). With respect to these issues, reliability and validity will be discussed as they pertain to this study.

Validity is concerned with the degree to which the results represent reality (Field & Morse, 1985). With grounded theory methodology, the data is

obtained directly from the informants, therefore the data is grounded in reality as perceived by the informants. The informants' perspective was explored through semistructured interviews. To decrease the informants fears of repercussions, the researcher emphasized that she had no affiliation with the hospitals.

Credibility is suggested as the criterion for assessing internal validity (Lincoln & Guba, 1985). Credibility was enhanced by using several strategies: prolonged engagement, member checking and negative case analysis (Field & Morse, 1985; Lincoln & Guba, 1985). Two interviews were conducted with six of eight participants to allow rapport to develop and to increase the likelihood of participants sharing personal experiences. Member checking was accomplished by having the participants review typed transcripts to verify accuracy. As well, one informant was asked to review a summary of the findings to determine the degree to which the interpretations were representative of her experiences. Participants were selected on the basis of their experiences with the phenomena being studied. The range and variation of informants who volunteered to participate improved validity. Demographic information was collected on all informants. The negative or atypical cases were built into the study as the range of experience from complaints to commendations were explored (Field & Morse, 1985).

Dependability (reliability) relates to the consistency of the findings. Consistency of responses were assessed by interviewing the informants more

than once and asking the same questions over again or reframing the questions. Additionally, informants were asked to review the transcribed interviews for clarity and accuracy.

With regard to the researcher's ability, auditability is suggested as the criteria for reliability (Lincoln & Guba, 1985; Sandelowski, 1986). Auditability suggests that another researcher could follow the 'decision trail' of the principle investigator and arrive at comparable conclusions. Strategies were incorporated in this study to enhance auditability. First, during the data collection and analysis phases, the researcher consulted with the thesis supervisor. The thesis supervisor was consulted to review the researcher's coding of a transcript. She confirmed the coding scheme with a suggestion to rename one category. Second, a detailed description of the procedures followed during data collection and analysis were documented. In addition, the field notes kept by the researcher were used to enhance the accuracy of documentation. Third, researcher variables were assessed by a coding and recoding procedure. The researcher coded a section of data and stored the results for two weeks (Field & Morse, 1985). At that time, the researcher reanalyzed the same data and compared the results. Fourth, a nurse with a Master of Nursing degree and experience with qualitative methods reviewed the findings of the study. She concluded that the data supported the categories developed. She assisted with the refinement of the names of the categories and themes. For example, initially 'caring about' was a theme, this was changed

to 'way of caring'. Additionally, the raw data of the tape recorded interviews have been kept so that the findings can be verified and confirmed by other researchers.

To enhance the trustworthiness of the researcher the following strategies were adhered to. First, personal values were bracketed. Since the researcher had written a letter to a hospital, she began by being interviewed by a colleague with a Master of Nursing degree and experience with interviewing. This interview was used to bracket her personal values. The researcher also used a journal to write down her thoughts, values, etc. Second, the researcher had the thesis supervisor critique the transcript of the first interview and provide feedback regarding her interviewing technique. The researcher incorporated the suggestions provided into future interviews.

Ethical Considerations

Several procedures were used to ensure the protection of informants rights in this study. Ethical clearance was received from the Joint Faculty of Nursing and the University of Alberta Hospitals Ethics Review Committee. Permission was also granted from the hospitals chosen as sites for this study.

During the initial contact, informants were told the purpose of the study, procedures, expectations of the informants and time commitment involved. Informants were told that participation was voluntary and they were free to withdraw from the study at anytime by notifying the researcher or thesis

supervisor. Informants were told that the researcher was in no way connected with the hospitals involved in the study.

Confidentiality of informants was guaranteed. Audiotaped and transcribed interviews were kept in a locked filing cabinet to which only the researcher had access. Only the researcher, thesis supervisor and the transcriber had access to the raw data. The transcriber signed an oath of confidentiality (Appendix D).

Written consents were obtained. Two copies were signed, one copy was given to the informant and one retained by the researcher. The name of the informant only appeared on the informed consent. A verbal consent for the one informant who choose a telephone interview was audiotaped and stored separately from the interviews.

To protect the anonymity of informants, no names appear on either the tapes or the transcribed interviews. Only an identification number was used to differentiate the response data. A master list linking the identification numbers with the names of the informants was kept separate from the tapes and transcribed interviews in a locked filing cabinet. In the final report, the identity of informants was concealed and any identifying information used in excerpts of the transcripts were altered.

The names of any individuals or hospitals mentioned by informants in interviews were kept confidential. Informants who could be contacted by the researcher were given the option of using a pseudonym or their first name in

the final report. For the two informants who the researcher was not able to contact, pseudonyms were used. The names of hospitals were not mentioned in the final report.

The audiotapes, transcribed interviews, consent forms and the master identification list have been stored by the researcher in a locked filing cabinet. The tapes will be destroyed seven years after the study is completed. The typed interviews and notes will be kept in a locked filing cabinet indefinitely. Prior to using the material for secondary analysis, ethical clearance will be obtained.

Each informant was informed of the potential risks and benefits of participating in this study. There were no anticipated risks to the informants. However, the interview may have been emotionally sensitive and could have triggered painful memories for some informants. Each informant was informed of their right to refuse to answer any questions as well as to stop the interview at anytime without consequence. The names of individuals who could provide followup support were made available to informants at their request. There were no direct benefits for the informants with the exception of providing them with an opportunity to share their thoughts, feelings and experiences. A short summary of the findings will be sent to the informants who indicated they would like this information. All informants were asked when completing the consent form if they would like this information.

Chapter IV: Findings

The results of the analysis of the data are presented in this chapter. Using grounded theory methods, categories emerged relating to the experience of individuals who write letters about the nature of care in hospitals. The core category that emerged from the data analysis was identified as: 'like night and day'. Like night and day reflected a contrasting experience in informants' perceptions of and reactions to the nature of care that they received. Although informants classified their letters as complaint or commendation, they were able to describe both positive and negative aspects of their experience. Like night and day was reflected in the contrast evident both within the experience of an informant and between the experiences of informants. It was seen in the contrast between the care that informants received.

The care that they received was either individualized, compassionate care, inhumane care or both. Informants experienced a contrast in the care they received from one unit to the next, one visit to the next or one hospital to the next. There was a difference in care received from one place/day to

another. Trudy described the difference in care from one unit to another.

> It was like night and day. Absolutely like night and day. I knew all the nurses by name. They were all coming in holding my hand, laughing at me cause I had put on my nail polish and my lipstick right after surgery almost, and the other nurses...I don't even think they knew my name. I didn't know any of theirs. I mean, I wasn't there as long as, it seemed like an eternity, but it was from noon till nine o'clock the next morning.

Like night and day was also reflected in the informants reaction to the care that they received. Informants contrasted feelings by describing a sense of fear, anger and distrust or a sense of comfort, peace and trust. This contrast was seen in the positive or negative reaction they had to the care.

The actions that the informants took also reflected this contrast. Informants who had a sense of 'being hurt' attempted to control the situation by 'speaking out' and/or 'taking over'. Informants who felt that the staff were 'doing the job' expressed thanks for the good care.

Informants described feeling either pleased or displeased with the response they received to their letters. Informants who were pleased described a sense of 'doing my part'. Informants who were displeased described a sense of 'thinking twice' about returning to the hospital.

'Like night and day' was reflected in all aspects of informants' perceptions of and reaction to the nature of care received. The phases

identified in this process include receiving care, reacting to care, taking action and leaving a permanent mark. This process is a circular one that moves in both directions. Informants are reacting to care, continuing to receive care and taking action almost simultaneously at times. These phases encompass categories which describe and enhance them. Table 3 shows the four phases as well as the categories and themes which support them.

In this chapter, the findings derived from analysis of the data collected are presented. The findings are divided into two sections. Presented in Part I are the findings in response to the research question: what are the similarities and differences in the factors that lead individuals to write letters of complaint versus letters of commendation? In Part II, the following research question is addressed: what is the experience of an individual who writes a letter to a hospital about the nature of care?

Table 3:

Phases, categories and themes

Phase	Category	Themes
1. **Receiving Care**	**Like a Piece of Meat**	not attended to not even a person
	Like a Person	helping along way of caring
2. Reacting to Care	**Being Hurt**	all alone not doing their job
	Doing the Job	trusting hands over and above
3. Taking Action	**Taking Control**	speaking out taking over
	Expressing Thanks	returning the favour
4. Leaving a Permanent mark	**Thinking Twice**	second assault no faith
	Doing my Part	making a difference not forgotten

Part I:

The Similarities and Differences in the Factors

Informants identified several factors which influenced them to write a letter about the nature of care to the hospital: first contact, attitude setter, nursing presence and doing and being. Each of the factors will be discussed using quotes from the data to illustrate the factor.

First Contact

The first contact that some informants had with the hospital influenced the outcome of their experience. Several informants who wrote letters of complaint described their first contact with the hospital as negative. Anne described her initial poor introduction to the hospital. She described being greeted by a unit clerk shouting her name from the corridor. Anne was then taken to the plaster room without any explanation of where she was going. This negative first contact influenced Anne to write a letter to the hospital about the nature of care. The important role of the nurse as the first contact individuals have with the hospital was discussed by Cheryl. She stated,

> Really until the doctor comes in the nurses are giving and doing a lot for the patient. From taking the notes to getting the IV started to getting the xrays taken, you know. It's a lot of the nursing staff that do all that preparation before the doctor even walks in. So that's, they're your first contact. And if they're pleasant it does make the experience a lot better.

Cathy's first contact with the hospital was with a nurse. She described being brought to the emergency department and the negative reaction she received from the first nurse she saw. Cathy stated,

> Immediately a nurse barked at the ambulance drivers,"take her back I'm not ready for her". It was really quite a gruff voice...so the ambulance drivers took me back. And in the meantime the ambulance guys say "boy do I hate this hospital".

Cathy's first contact made her afraid that she would not be taken care of. The remainder of her experience with this nurse confirmed her feelings. In contrast, Cathy also described the positive first contact she had at a different hospital. She described the staff as "instantly" caring and immediately attending to her concerns. Cathy wrote a letter of commendation to this hospital.

The first contact that individuals have with the hospital is a factor that can influence the writing of a letter to the hospital. The possibility that this first contact can mean the difference between a bad and a good experience needs to be considered.

Attitude Setter

The role of the administrator in determining or setting the attitude of the staff on the unit was seen as a factor in the experience of some informants. Kim described the attitude of the head nurse as being a key factor in

influencing the attitude of the other staff on the unit. She stated,

> It was the head nurse that, she was the one, actually that started the lack of communication and everything else. She just said my mom was old and that was it. She didn't even take my concerns as serious [sic].

Kim described the lack of leadership shown by the head nurse as a key factor in her experience. Nadia also described the administrator of the unit as determining the attitude of the rest of the staff. She described her experience on two different units. On one unit, the attitude of the head nurse was very defensive. Her defensive attitude influenced the other staff. Nadia also described the attitude of a physician on another unit. She stated,

> I'm convinced that the attitude comes from the top down. And I got a feeling that the doctor that was in charge of that unit, he just didn't seem to have a tight rein on things...didn't seem to have a good grip on the operation of that unit.

Nadia felt that the quality of the care that her mother received was influenced by the tone set at the top. The administrator's attitude set the attitude of the staff on the unit. In the case of these informants, the negative attitude of the administrator had a negative influence on their experience.

Nursing Presence

The physical and emotional presence of the nurse was a factor that influenced the informants' experiences. Nadia described the absence of the nurse as a factor that affected her experience. She stated, "we didn't know

them [the nurses] enough to know who they were". Nadia did not know who the nurse assigned to her mother was or who the nurse in charge was as they were not physically present. Janice also described not knowing who her assigned nurse was. She stated, "sometimes I didn't see my nurses at all". Trudy described the difference in the presence of the nurses from one unit to another. The nurses on the surgical ward were always there whereas the nurses on the unit she was transferred to were "not there". She stated, "they [the nurses] appeared too preoccupied to give that one to one attention that I had been given on the other unit". The experience she had on the first unit was very positive whereas the experience on the second unit was negative. The presence of the nurses had an impact on her experience.

The emotional presence of the nurse was also a factor in the informants experiences. Most informants described incidents where the nurses were not emotionally available to them. The nurses were not there to help them meet their needs. Kim described the nurses on the ward as not really there to listen. They were hardly ever in her mother's room and when they were physically present they did not listen to her concerns. Cheryl also described listening as a key factor that influenced the outcomes of her family's experiences in hospital. In all three of the letters written by Cheryl, listening to the patient and the family made a difference between a positive and negative experience.

In contrast, Ron described the nurse as always present in the room. He stated, "the same nurse...was sitting in the room from the moment my dad

walked in until the moment he passed away. She never left". Ron spoke positively about the presence of this nurse. She listened and responded to their questions. She made the family feel "comfortable" not like they were interfering with the care. This nurse was emotionally and physically available to help meet the family's needs in a time of crisis.

The physical and emotional presence of the nurse influenced the outcome of the experience for these informants. The absence of the nurse gave informants a sense that they had been forgotten. They were not important. This had a negative impact on their experience.

Doing and Being

Informants indicated that the actions and behaviors of the staff, the staffs' way of doing and being, influenced the outcome of their experience. The informants and their families were not included in the care provided. The staff did not keep them informed or involve them in the care. In some cases, absence of action conveyed a lack of respect for the informants and their families. Nadia described the staff on one unit as not providing basic care to her mother. They did not treat her mother with dignity. She stated,

> I arrived and saw my mother sitting in the middle of the room restrained with a sheet and her gown didn't even cover her knees and she was exposed to the hallway and people coming and going. And I thought you don't treat a human being like this. There was, there seemed to be no dignity.

The staff's lack of action conveyed a lack of respect for Nadia's mother. The behaviours of the staff also influenced the outcome of the informant's experience. Some informants described the staff as cold and unfriendly. Their attitudes conveyed the impression that they felt the informants were in the way. They would rather they were not there. The staff's nonverbal behaviours also displayed a lack of interest and respect for individuals. Kim described the nurses as rolling their eyes and walking away without responding to her concerns.

In contrast, Ron's family commented very positively on the actions and behaviours of the staff. The staff included the family in the care by keeping them informed of his father's condition. The family felt like they were a part of the care not outsiders. The staff's honesty and compassion had a powerful influence on the outcome of their experience.

Part II: Individuals Perceptions and Reactions to the Nature of Care Received

In this section, the perceptions and reactions of individuals to the nature of care received will be addressed. The process will be discussed and the categories and themes for each phase of the process will be reviewed. The findings reported in this section correspond to the research question: what is the experience of an individual who writes a letter to a hospital about the nature of care?

Phase 1: Receiving Care

The receiving care phase included the categories of: 'like a piece of meat' and 'not just a number'. The care that the informants received was either inhumane care (like a piece of meat), individualized, compassionate care (like a person) or both. Each of the categories, themes and properties, will be discussed.

Like a Piece of Meat

'Like a piece of meat' described being treated as less than a human being by the staff. Informants felt that the staff did not have time to care. They did not attend to their needs. The informants were not important. Most informants described incidents where they were treated 'like a piece of meat' by the staff. The themes for this category are: 'not attended to', and 'not even a person'.

Not attended to.

'Not attended to' described the behaviors and actions of the staff that did not help the informants meet their needs. Informants described the staff as not available emotionally or physically to help during their hospital experience. Many informants indicated that the nurses did not have time for them. They were not physically present. Janice described the nurses as hardly ever there. She stated,

> Just not having enough time for you, I guess,...Yeah. No time. And it just seemed like I would see them at just the beginning of the shift

> and at the ending of [the shift]. Sometimes I wouldn't know if they went home at three or at seven until a new nurse appeared. Cause I would assume I would have the same nurse. And then someone would come in at seven and well here I am, you know.

Janice had no sense of who her nurse was because the nurses were not physically present. She went on to describe an incident where the nurse was not there to help her when she was concerned her baby was choking. She rang the call bell and the nurse answered over the intercom but no one came to check on her for forty five minutes.

Trudy described the staff as not being there, "Nobody came to see me, no nurse, no health care person came to see me until about seven o'clock that night...nobody came at all". Cathy described being left alone in a cubicle in the emergency department when she was in severe pain.

> I was just like a caged animal in there...I was just totally left alone in that room for a very, very, very long time. So finally, I finally, turned my body around to push the button, the call button. And still nobody had come to help me. And here I am in this room screaming help, help. And I'm calling for my sister too. Of course she's in the waiting room which is down a way. Help, help, help, you know and nobody proceeded to help me.

No one was there to help comfort her and help manage her pain.

Several informants described the staff as not there to attend to their physical and emotional needs. Kim described the nurses as not available emotionally to help her deal with the uncertainty surrounding her mother's condition. She described the lack of reassurance shown by the nurses. They did not listen and they did not understand her concerns. They were not there for her when she needed them. She stated,

> I think the biggest area they failed was in lack of communication. Not listening, not understanding and their facial and body expressions and the whole nine yards as the biggest area where they failed. You know, even if we were overreacting, what's wrong with trying to calm us down and explain things to us and make us feel comfortable about, why let us sit there worried and fearful that something's happening to mom. I mean they never once tried to console us. And say you know, that everything would be okay or you know, whatever. So whether we were over reacting or not you know, there was no communication there at all.

The nurses did not take the time to listen and understand. They "rolled their eyes" and did not acknowledge or attend to the family's concerns.

Other informants also described the staff as not attending to them by not understanding their concerns. The staff did not believe their concerns were legitimate and they did not address them. Cheryl described an incident where a physician didn't believe her husband was ill. "He [the doctor] said to T. [husband] you know you abuse this emergency department. You come here

whenever you're feeling tired". The physician did not understand or attend to her husbands needs.

In all of these situations, the nurses and physicans were not there when they were needed. They were not there to help the informants get through their experience. They were not there to listen and comfort them when they needed this support. They were not there to care. The result of which was an overwhelming sense of aloneness and pain and a sense that they were not being cared for.

Not even a person.

'Not even a person' described the staff's actions and behaviours that gave the informants a sense that they were not important. They were outsiders looking in but not active participants in the process. Several informants described the staff as not being friendly and not appearing to be interested in them as people. Ron described being ignored by an unfriendly staff member during his visit to a hospital emergency department. "She [ECG technician] came in, she didn't talk to me and she started hooking me up. I tried to initiate conversation and she ignored me." He described this incident as "being treated like a piece of meat".

Several informants described the nurses' behaviours as inconsiderate and lacking in compassion. Trudy spoke of an incident where a nurse was rude to a patient in her room.

She stated,

> She [the nurse] went to the lady in the bed next to me who had apparently had a bladder repair and was really not, she was bedridden. And she'd been blowing her nose and she was throwing kleenexes into what she thought was the garbage can beside her bed and the nurse said to her, "you get up and pick those up! Why are you being such a pig?".

Janice described an incident where the nurse was not concerned for her feelings. She was very uncomfortable due to engorged breasts and had asked the nurse for something for pain. The nurse noticed that there were two rocking chairs in her room so she dragged one out, woke up the baby and then proceeded to dump her flowers out of the water pitcher. All this time, Janice lay there in pain. The nurse had not considered her needs and had treated her like she was not even there.

Other informants described the staffs' way of behaving in interactions with them as making them feel that they were not important. Anne described feeling like she was hardly a human being by the way the unit clerk interacted with her. The unit clerk called her name from the corridor,

> As if you're calling in the dog out in the backyard...You stand there and shout at them. Then she went stomping off down the hallway two paces ahead of me. Didn't say come this way with me or anything.

Anne was barely acknowledged as a person and was not given any explanation of what was going to happen next.

Some informants described the staffs' actions or lack of actions as exclusionary of family members. Kim described the staff as not including her family by not keeping them informed of her mother's worsening condition. She described an incident where her mother had become critically ill early one evening. The staff had neglected to call and inform her of the change in condition until one o'clock the following morning, five hours after the initial problem arose.

Nadia described the physician and nurses as defensive when the family questioned them about their mother's condition. She stated, "it was like pulling teeth to get this information". The staff did not want to involve the family in the care. They were outsiders. Cheryl described feeling like she was not part of the formula when the physician would not allow her to to stay in the room with her husband. She stated,

> This doctor didn't want me to stay in the room. He kept wanting me to leave...the attitude was like I don't want to talk to you. I want to talk to the patient. And I have to get these answers from the patient...like the attitude was something like I really don't want to have to tend to you and I'm tired, and I'm, maybe it's the end of my shift. Why did you have to come here? Why didn't you go to the emergency at another hospital?

The physician's actions excluded Cheryl from the process.

Some informants spoke of the nurse's actions as being rough and causing pain. These nurses did not have a gentle, caring touch. Cheryl described an

incident where the nurse "yanked" her husband's gown causing him to shout in pain. Trudy described the nurse who removed the staples from her incision. She stated,

> She [the nurse] took out my staples telling me no this is not going to hurt but it was more like level four breathing. I should have probably had something else [for pain]. I don't know, they're [the nurses] just rougher and more hurried.

Other informants described the nurses as not showing respect for them in the way they interacted and responded to them. They had only one formula to treat every patient. The nurses' actions conveyed a sense that they were not an individual. Trudy described the nurses as not acknowledging her or providing her with any information on her progress. She stated,

> Nobody ever acknowledged that I had been there. There I am, lying on the little bed, waiting for someone to go hi! And no one said hi! ...They were just, you know, they'd come and take your blood pressure, they'd take your temperature and shove this and that and check your incision and walk out. Like your incision could be green with four hairs growing out of it but they're not going to tell you that. They go, and walk away.

Informants felt that the staff did not even know that they were there. They were like a picture on the wall watching but not participating in the process. Kim described the care in this way, "they have a routine and all the people on that unit go through the same routine...They give you the work over, is what

they call it. So, yeah, there's no individualized care". The nurses had only one formula to treat every patient. The individual was not respected.

The staff's behaviours and actions left the informants with a sense that they were in the way. Nadia felt that the nurses did not want her to be there. When she visited her mother in hospital, the nurses made her feel like she was "in the way". The staff would have preferred that she was just not there.

Summary Statement

The informants were treated 'like a piece of meat'. They were not treated like human beings. They were not attended to and they were not important. As Nadia stated, there was no care "just some care would have made the difference".

Like a Person

Like a person described the behaviours and actions of the staff that gave the informants a sense that they were important. It was treating people like individuals and human beings. The themes of this category are: 'helping along' and 'way of caring'.

Helping along.

Most informants spoke about the way that the staff helped them to get through a particular experience. Informants described the staff as right there to help them along. The staff were there to help the informants meet their needs. Trudy described the nurses, on the first unit she was on, as "right there" to help her when she was vomiting after surgery. She did not need to know where

the call button was because the nurses were always checking to make sure she was alright. She stated, "I threw up all night long and they [the nurses] were there every minute...they would come in and hold my hand and [say] hi Trudy are you ok". These nurses were physically present to help Trudy meet her needs. Ron also described the staff as available to respond to his family's needs when his father was critically ill. He described the physician as "always close by" and "always open to questions". The nurse was always present in the room.

Other informants described the staff as helping them by providing explanations. Janice described the way the nurses in the case room reassured her and her husband by taking the time to provide explanations. She stated, "like they took the time to explain like the contractions, like when it was going to come and what to do to help with the contraction". Janice also described a nurse on the unit who helped her by providing information on baby care "she helped me along...She sort of showed me different ways to hold the baby". These nurses took the time to care.

Cheryl described the way that the staff helped her daughter cope with the anxiety surrounding a painful procedure. They took time to explain what would happen and were honest about the pain involved in the procedure. She stated, "he [the physician] didn't say to her this won't hurt. He said it will hurt. 'I'm going to freeze it, but you will experience some pain'". The staff also provided her with instructions for followup care. Several informants

described the way that the staff responded to them in interactions as helpful. Ron described his appreciation for the honesty the staff showed in interactions with his family. He stated,

> She [the nurse] answered any questions we had, she didn't embellish it. She didn't deny anything. The doctor was straight forward. She [the doctor] said she was trying to correct the problems and they'd see what'd happen. And then she came in and told us the truth. She didn't try to butter it up and she told my mother that there would have been nothing she could have done no matter what would have happened.

The honesty the staff displayed helped Ron and his family get through this crisis. Kim described the way "one good nurse" took the time to really listen to her concerns. She stated, "she looked me straight in the eye. She talked to me. She heard what I was saying and she gave me the feeling that she understood and that she also felt that something was wrong".
This nurse understood and confirmed Kim's feelings. She took the time to listen.

In all of these situations, the staff were there to help the informants along. The staff were there to respond to their physical and emotional needs. They treated the informants and their families like human beings.

Way of caring.

'Way of caring' described the staff behaviors and actions that gave informants a sense that they were cared for. Most informants described the way the staff cared for them. Several informants described the nurses' actions as caring. Cheryl described the nurses as gentle when they had to start an intravenous in her husband's arms. She stated,

> They had to start IVs in both arms and they did it with a lot of care because really he was already in so much pain that they didn't, you felt they didn't want to inflict any more pain than they had to absolutely do. And so they were, they were very caring.

Nadia described the way that the nurses on one unit took "pride" in how her mother looked. They brushed her mother's hair and "put blush on her cheeks". Nadia felt that they were "taking care" of her mother. They treated her with respect and dignity.

Trudy described the way the nurses cared for her when she returned to her room after surgery. She stated,

> [They were] calling me sweetheart, and dear, and you know, little pet names when I'm right out of it. I can remember that coming right out of surgery. And them dragging me from the gurney onto the bed...and talking really like I'm a person not just a hunk of meat being slapped from one bed to the other. They really cared. I know they did.

These nurses treated Trudy like a person and she knew they cared.

Other informants described the nurse's behaviors as showing they cared about them. Cheryl described some nurses as friendly and cheerful. They smiled and laughed with the informants. Ron described the way the staff cared for not only his father but the whole family. He stated, "they made sure she [his mother] had something to eat. They made sure she had someplace to lie down. They arranged for blankets, pillows for the family". The staff included the family in the care by allowing them unlimited time in the room with their father. When Ron's father passed away, both the nurse and doctor hugged his mother. This single act made a lasting impression on Ron. He stated, "what impressed me was the fact that the nurse gave my mother a hug. And the doctor gave my mother a hug...the compassion that was shown was very impressive". The staff helped Ron and his family get through the death of his father by being available to care and by helping the family to meet their needs.

Kim described the nonverbal behaviors of the nurses in intensive care that gave her a sense that they "cared about what happened" to her mother. She stated, "sometimes by their facial expressions you could tell that they actually cared just the way they looked at you". Cheryl also described the look on the faces of the nurses as conveying caring. She stated, "it was just a look on their face, when you walked by...that you know it was saying I'm with you, I wish you didn't have to go through this". Nadia described a feeling of caring that was present on a particular unit. She stated, "the caring is so evident. Like she [her mother] is being cared for. There's a feeling here". The way

these nurses behaved conveyed a sense of caring.

Some informants described the way the staff cared when they immediately attended to their concerns. Cheryl described the staff as acting quickly to treat her daughter's illness. Cathy described the staff at one hospital as acknowledging her pain and promptly treating her. She stated, "Care, I mean they instantly cared. You know, they looked at my face, you really are in pain". The staff immediately attended to their concerns. The informants felt cared for.

Summary Statement

The staff's way of behaving and acting conveyed a sense of caring for the informants. The staff were there to help them get through a difficult experience. They were there to care. The informants were treated like human beings. They were not just a number.

Phase 2: Reacting to Care

Reacting to care included the categories of 'being hurt' and 'doing the job'. This phase encompassed the informants perceptions of the care that they received. The informants reaction to the care they received was either a sense of fear, anger and distrust, 'being hurt', or a sense of comfort, peace and trust, 'doing the job'. Each of these categories, and its themes and properties, will be discussed.

Being Hurt

Most informants spoke about their reaction to a perceived lack of care as 'being hurt'. 'Being hurt' described the pain that could be seen under the surface of their emotions. Informants described feelings of fear, lack of trust, anger and frustration that were the result of unmet expectations and a lack of care. The themes for this category are: 'all alone' and 'not doing their job'.

All alone.

Most informants spoke of a sense of being all on their own. They were all alone, it was just them, no one was caring for them. Most informants described the fear and lack of trust that developed when they were all alone. Cheryl spoke of a lack of trust and fear that came when the physician did not listen to her concerns. She stated,

> I really felt like I'm hearing you're not believing me. That's what scared me...I had no sense of trust. I really felt that I was alone with T. and C., my daughter was there. That we were on a sinking ship. And nobody was listening to us.

Cheryl felt her husband was dying and she was very afraid that "he was not going to be cared for".

Kim described being all alone and waiting for the staff to respond to the concerns she had about her mother's deteriorating condition. She spoke of the fear and sense of helplessness that came when the staff did not respond.

She stated,

> [I felt] Fear. Fear for my mom's safety. Actually you feel kind of, you really feel alone because you know you can't get past the staff. So you're sitting there waiting for them to make a brilliant move and at the same time you're not trying to, you don't want to step on anybody's toes cause then it makes it worse for mom. But you're sitting there and you can't get past this nurse, these nurses so you know you're really hanging onto their knowledge, their expertise to make the right decision. And they're not making the right decision. You're sitting there thinking what can I do. You're alone. Like who's helping you if they're not. So yeah. Fear. Fear for my mom that, you know, if she was getting worse.

Kim went on to describe the lack of trust she felt. She stated,

> There was no trust there whatsoever. We didn't trust them. We knew they didn't believe they were seeing a thing, and we didn't trust them to get help either....We were probably more scared of them than anything else cause that we knew they weren't taking care of us [sic].

Nadia also described a sense of not knowing where to turn for help and "feeling totally cast adrift". She stated, "it began to feel like our mother was in a hell hole not in a hospital where she was being cared for. And we were afraid to leave her". Cathy spoke of being scared she was going to die when the staff were slow to respond to her concerns. She was in severe pain and was left alone in a cubicle in the emergency department.

She described "thinking oh my god you know, what are they going to do to me, let me die here?".

Informants felt as though they were all alone with no one to turn to for help. With this sense of aloneness and fear, came a lack of trust. Informants did not trust that the staff would take care of them. They were on their own.

Not doing their job.

Several informants described the anger and frustration that came when they felt they were not being taken care of. The staff were 'not doing their job'. They felt frustrated and angry when they knew their needs were not being met. They were not being cared for.

Trudy spoke of being frustrated and leaving the hospital early after her surgery because she was fed up with the lack of care. She felt that she was "better off at home" as she was "becoming more apprehensive and agitated with the attitude of the nursing staff..it wasn't worth it". Trudy related feeling angry when she did not receive the care she expected. She stated,

> Well, I think [I felt] probably angry. I mean, we're paying for those kind of services, so I expect to be taken care of. That's why you're in the hospital because you're to be taken care of...That's these people's jobs to take care of people.

Janice also described being fed up and wanting to discharge herself from the hospital. She spoke of her response to the lack of care she received.

She stated,

> I was ready to sign myself out. And I was very, you know, I was angry and I even phoned my husband too and I said, you know, come and get me, you know...I was just, you know, fed up with everything and wanted to leave.

Kim spoke of the extreme anger that she felt when the staff did not attend to her concerns and her mother became seriously ill. Nadia also described being "extremely angry" when the staff did not care for her mother. For both Kim and Nadia, the fear and anger grew as they searched for help to deal with their mother's deteriorating condition. No one was there to help.

Summary Statement

Fear, lack of trust, anger and frustration were apparent as the informants shared their feelings. Underneath these emotions, was the hurt that could be felt as they recounted their experience. For many of them, the hurt had left a permanent mark that was still being felt.

Doing the Job

'Doing the job' described the feelings that resulted when the informants felt cared for and their expectations were met or exceeded. The informants reacted to the caring they received with feelings of comfort, peace and trust. The informants felt pleased and satisfied with the care. They judged the care that they received as meeting or exceeding their expectations. The themes for this category are: ' trusting hands' and 'over and above'.

Trusting hands.

'Trusting hands' described the feelings of comfort, peace and trust that came when the informants felt cared for. Several informants described feeling good. Their minds were put at ease by the care they received. Trudy described feeling concerned about going to the hospital. However, the initial care she received calmed her and gave her a sense of hope. Trudy felt that she would be "okay". Cheryl also described feeling more comfortable when she was included in the care of her daughter. She felt comforted by being allowed to stay with her daughter during a painful procedure. Cheryl stated, "it was comforting and I know it was comforting to her [daughter] that I could stay".

Other informants described a sense of trusting the staff. They trusted they would be cared for because of the caring they had already received. Ron described the trust that was built when the staff were honest with his family and did what they could for his father. Ron stated,

> Trust is built by honesty. You lie to me, I don't trust you. And by the doctor coming in and being truthful with us, and telling us exactly what was happening and how serious it was and the chances were good he [his father] wasn't going to make it, it built a sense of trust. Plus I looked into the room and they were doing what they could.

Trust developed as a result of the caring that the staff had provided to his family. Cheryl also described the trust that a physician built. He listened to the family's concerns and acted quickly to treat her husband. Cheryl and her

daughter felt a sense of relief and a belief that this physician would take care of them. She stated,

> You could almost see my daughter's and my shoulders drop and thank God that somebody is going to save this man...it was just like oh I'll put him in your hands. I believe that you know what you're doing. And you talked to me.

Several informants described feeling pleased with the care received. Cheryl described the "good feeling" that came from believing that her daughter had been taken care of. She left the hospital feeling pleased with the care they had received. Cathy described the feeling she had about the care she received at a particular hospital. She felt pleased with the care because the staff "did their job". Cathy left this hospital feeling cared for.

In these situations, the informants felt safe and secure. They had developed a sense of trust of these nurses and physicians. They felt pleased with the care provided. They trusted that the staff would take care of them.

Over and above.

Over and above described a sense that the staff exceeded the informant's expectations. They went beyond the care that the informants expected. Trudy described the nurses on the first unit she was a patient on as going "above and beyond the call of duty". These nurses more than met her expectations. Cheryl described a particular staff member who went "beyond the call of what he was suppose to be doing". She felt he had gone beyond what was expected

when he assisted her daughter to the car after he was off duty. Ron also described the staff as going "over and above" what he expected of them. He stated,

> There's certain things I expect medical staff to do. That's their job. Anything over and above that I think they should be commended for and that's what they did. They went over and above what they had to do. That's what impressed me.

In these situations, the staff exceeded the informant's expectations. They went beyond what was expected. They had done more than their job.

Summary Statement

Overall, these informants described a sense of satisfaction with the care they received. They felt safe and secure. The staff had met or exceeded their expectations. They had done more than their job.

Phase 3: Taking Action

The taking action phase was the point where the informants took some form of action. The two categories in this phase are: ' taking control' and 'expressing thanks'. Individuals either took control of a situation when they had concerns about the care that they or a family member were receiving or they expressed thanks when they felt pleased with the care provided. These categories, along with their themes and properties, will be discussed.

Taking Control

Taking control described the action(s) the informant took in response to the anger and pain that they felt. Informants described attempting to take control of a situation by 'speaking out' to voice their concerns and/or by 'taking over' the care of the patient.

Speaking out.

Informants described 'speaking out' to voice their concerns about the care they or a family member were receiving. They described writing a letter to the hospital about the nature of care received. Most informants spoke of feeling that a letter was more valid than simply registering a verbal complaint. Cheryl described signing her name to the letter as a way of validating her concern. She stated, "It's saying I'm not afraid for you to know me and my name because I have a genuine concern". Informants spoke of feeling that a letter was more likely to be responded to than a verbal complaint. Cheryl stated, "you know they're getting it. They're going to have to read it and nine times out of ten they must respond to it". Informants felt that a letter was more likely to be responded to and acted upon. It was more likely that their concerns would be taken seriously by the hospital administration.

Most informants described feeling that they had to write the letter. They couldn't let it go. For many informants it was the first letter they had ever written to a hospital. They described feeling that they needed to write the letter as they felt very strongly about their experience. Kim stated, "I felt

strongly enough about it that I wrote the letter. So I'd have to feel pretty strongly because I can get mad about other things and I don't, I've never written a letter". Informants described a sense of needing to release the anger and the hurt. Cathy described having to write the letter because she "just couldn't let it go. I couldn't let it go this time. I let it go with the birth of my baby and it took me six months to heal that anger inside me, you know". The anger and hurt drove the informants to write the letter. There was a sense of needing to release the pain.

Most informants felt they had to write the letter to help the people who came after them. They wanted to make a difference for the next person. Janice described writing the letter because she wanted to improve the quality of care for other people, especially other "first time moms". Kim described writing the letter for "any of the elderly people that would come through after her...it's not my concern to cause any trouble I just wanted to make sure that it doesn't happen to somebody else down the road". Informants wanted to help the next person.

Once the letter was written most informants described a sense of releasing the pain. Janice described "feeling good" and "like a weight was off her shoulders" after she wrote the letter. Kim also described a sense of relief that she had "gotten it out on paper" and let the appropriate people know her concerns.

Informants voiced their concerns by writing a letter about the nature of care to the hospital. A letter was seen to be more valid and more likely to be responded to than a verbal complaint. Informants described writing the letter to improve the care for other people. There was a sense of needing to write the letter as a way of releasing the pain. Most informants described a sense of relief after the letter was written.

Taking over.

'Taking over' described the action(s) that family members took when they feared that their loved ones would not be care for. They took over by keeping an eye on the patient and/or providing care. They did not trust the staff to care for their family members. This lack of trust was their reaction to the care provided. In some cases, this feeling was intensified by a previous bad experience and/or previous warnings from others.

Several informants described keeping an eye on their loved ones because they were afraid that they would not be cared for. Cheryl described feeling a need to return to the hospital to watch over her husband. She stated,

> My daughter and I came home and I showered and changed clothes, sat here for a while and I went "I can't stay here". I was afraid that they weren't going to be doing anything for him...so anyway C. [her daughter] and I decided we're going right back. At least there's something, we'll be with him and if something goes wrong we can call for help.

Kim also described a sense of needing to keep an eye on her mother. She had concerns about the care provided on the unit based on previous experience and hearsay of others. Kim described feeling concerned but not wanting to "rock the boat" so she decided to "stick close by" her mother. She described her fear and a need to take care of her mother. Kim stated,

> I mean you're anxious to have somebody there at all times so that if something is to happen they can report what they're seeing and what's going on, you know.

Other informants described taking over the care because the staff were not there to provide the care. Nadia described needing to have a family member present at meal times to feed her mother because "they [the nurses] weren't feeding her". She went on to state, "it just seemed that if we didn't provide our own care giving there was nobody there to really look out for her". Janice described her sister taking over her care because the staff were not there. She [her sister] helped Janice get through by assisting her to meet her basic needs and checking to make sure that she was okay. Janice stated,

> She [her sister] was checking me out thoroughly so that, you know, that kind of reassured me. You know and made me feel ok. Cause sometimes I'd be left right there, you know, in bed and I'm going ok, what's happening, what's going to happen now.

In all of these situations, family members took over the care because they felt they had to. The staff were not there to meet the needs of their loved ones.

Summary Statement

Informants took action by 'speaking out' and/or 'taking over' the care. They spoke out to voice their concerns about the care provided with the hope of improving the care for others. Most informants felt a sense of relief after writing the letter. Informants took over the care of the patient because they felt they had to be there.

Expressing Thanks

Informants expressed thanks for the good care provided. They described this as a way of returning the favour. The theme of this category is 'returning the favour'.

Returning the favour.

The theme, 'returning the favour', described a sense that the staff should be rewarded for the good care they provided. Informants felt that they deserved to be recognized. Trudy described sending a note to the staff on one ward to "thank them for doing such a wonderful job and just for being there". She felt that the staff deserved to be thanked. Cheryl also wrote a letter "to extend appreciation for the care". She described feeling an obligation to write and express her thanks as she had written in the past when she was concerned about the care. Ron described writing a letter to the hospital to thank them for "what they had done". He expressed a sense of wanting to return the favour.

Ron stated,

> They helped me and I thought I should return the favour. A letter of commendation is rare for medical staff...I figured if I could help their career by submitting a letter of recommendation, and the family felt the same way, why not?...Talking to them is a brief note on the file. A letter sitting there typed and...signed by somebody it shows the person took the time to sit down to write it. It shows that they were very impressed by what happened. And it helps everybody involved.

Summary Statement

Informants felt a need to 'return the favour'. They were pleased with the care they received. They wanted to express their thanks for the good care provided.

Phase 4: Leaving a Permanent Mark

'Leaving a permanent mark' described the lasting impression of the experience that was left with the informants. The two categories in this phase are: ' thinking twice' and 'doing my part'. Individuals expressed a sense of 'thinking twice' about going to the hospital based on a previous bad experience, hearsay and/or the response or lack of response they received to their concerns. Individuals who felt satisfied with the response they received to their letter expressed a sense of 'doing my part'. Each of these categories, along with its themes and properties will be discussed.

Thinking Twice

'Thinking Twice' described the informants reaction to their previous experience, hearsay, and the response or lack of response they received to their concerns. Informants expressed initial concern about going to the hospital, a sense of being hurt again and/or concern about returning to the hospital . The themes for this category are: 'second assault' and 'no faith'.

Second assault.

'Second assault' described the reaction of informants to the response or lack of response they received to their concerns. Most informants described being hurt initially by the staff, now they felt let down by the organization. Once again their expectations were not met.

Some informants described a sense of anger and disappointment at not receiving a response from the individual they felt was at the root of their complaint. Cathy described feeling that her concerns had been minimized. She was angry and disappointed that the nurse who played a key role in her complaint did not apologize to her. Cathy stated,

> I felt, I told him [the president of the hospital] don't minimize what she has done to me. I felt, I felt he was being accommodating but at the same time sticking up for her. And I was quite mad.

Cheryl also described being unhappy with the lack of a direct response from the physician she had been concerned about. Kim was disappointed that she didn't get a response from the head nurse in question. Kim and Cathy both

described feeling that the nurse had "gotten away" with what she had done. Their complaint had been "sloughed off". The response from the hospital did not meet their expectations. Once again, they were let down.

Other informants expressed anger with the lack or inappropriateness of the response from the hospital. Trudy described feeling angry that the hospital had not responded to her concerns. However, they had sent her a letter requesting a donation. She stated,

> I haven't heard anything. Actually I have. I got a letter from them the other day asking for a donation to some fund for the hospital and I went as if, and threw it out. Because there's no way.

Kim expressed anger when the hospital sent her father a bill for spending the night with her very ill mother. He had stayed overnight at the staff's request so they could send the security guard home. The inappropriateness of these responses from the organization itself left the informants feeling angry and hurt once again.

<u>No faith.</u>

No faith described a lack of trust of the organization. No faith came as a result of a previous bad experience in hospital, hearsay and/or the response or lack of response they received to their concerns. It described the impression with which informants came or left.

Some informants indicated that they were already concerned about the care before they even came to the hospital. Cheryl described her thoughts

when bringing her daughter into emergency after her husband had had a bad experience in the same hospital. She stated, "probably when I walked in there I had a chip on my shoulder because of past experiences and I didn't display that to any of the staff but it's like OK what are you going to do tonight?". Cheryl went on to state that the only reason they had gone to that hospital was because "it was the closest one and she [her daughter] couldn't ride in the car much longer. She [her daughter] was very apprehensive about going there". Kim also described feeling concerned about the care on the unit her mother was admitted to based on hearsay and previous experience as a student on that unit. She stated, "as a student we knew there were a lot of complaints on that unit...so I was already worried".

Some informants came to hospital already worried about the care they would receive. They came to the hospital with a distrust of the staff. Yet, in some cases, the care they received on this visit was very positive. For others, this experience was not a positive one.

For many informants, the anger and disappointment they felt translated into a fear of returning to the unit they were on or to the hospital in general. They had lost trust in the organization. They would not recommend it to anyone. Nadia described the mark left with her as a result of this experience. She stated, "I still find it very hard to, it's very hard for me to even believe that that actually happened. Because it's just like a nightmare now to think that this had actually happened to her [mother]". She went on to indicate that she

would never want any of her family members to go to that hospital. The anger and pain had left a permanent mark.

Summary Statement

Informants felt let down by the organization. They felt their concerns had not been acknowledged. They expressed concern about going to the hospital.

Doing my part

'Doing my part' described the reaction of informants to the positive response they received to their letter. Informants felt pleased with the response they received to their letter of complaint or commendation. They had a sense that their letter of complaint made a difference when they saw a noticeable difference in care on return to the hospital. The themes for this category are: 'not forgotten' and 'making a difference'.

Not forgotten.

Several informants expressed feeling pleased that the hospital responded in writing to their letters. Whether the letter was a commendation or complaint, informants expressed satisfaction that their letter had been acknowledged. They were not forgotten.

Cheryl described feeling relieved when the hospital responded to her letter of complaint. She wrote the letter with the hope of receiving a response.

Cheryl stated,

> I thought, all right now, I'm going to write the letter and if I don't hear back now I'm going to be really upset. But when I did get a response and a promise to look into it and resolve the problem wherever they could I felt I was doing my part.

She went on to describe the pleasant surprise she had when she received a response to her letter of commendation. Cheryl felt good especially when the hospital published her letter in their newsletter and did not delete the part of her letter that indicated that she had written in the past with concerns. Cheryl felt that the organization was being honest by including that part of her letter. She felt pleased with their response.

Ron also described being pleased with the response of the organization to his letter of commendation. He described receiving an invitation from the hospital to a memorial service for all those that died over the Christmas holidays. Ron stated,

> So our whole family is going to be going to the memorial service. They invited us because dad passed away in their hospital. So, that's one of the reasons I'm impressed by the way they deal with, they just haven't forgotten you. They just, you're not a number filed away in the filing cabinet. A memorial service is a nice thing.

Ron felt cared for not only by the staff but by the organization. They had not forgotten him. They had treated him like a human being.

Making a difference.

Making a difference described the feeling that informants had that their concerns had been acted upon. They experienced a positive change in the care provided when they returned to the hospital. Informants were left with a good feeling.

Cheryl described the positive experience she had when she returned to the hospital where she had written her letters of complaint. She described speaking with the physician to whom she had addressed her letters. Cheryl stated,

> He [the physician] did say your letters helped. We took them seriously, and because the difference in care! It was phenomenal. Here were cheery nurses even though they're under stress...So I felt glad that my letters did do some good. I felt glad that I wrote everyone of them...Because I thought well, one little letter and somebody else's letter ...is making a difference. And maybe that's the reason that you do it is that you want to make a difference.

Cheryl had a good feeling that the hospital had taken her concerns seriously and she had made a difference. Anne also described feeling her letter of complaint made a difference. She described feeling good about the noticeable difference in care she received on return to the same department.

Anne stated, "well, I felt, I felt personally good about it. That I had done what I had done.". Informants felt they had done their part and they had made a difference in the quality of care provided.

Summary Statement

Informants expressed feeling like they had done their part when they received a written response to their letter. They felt especially pleased when they experienced a noticeable difference in care on their next visit to the hospital. The hospital had acted on their concerns. The lasting impression left with these informants was a positive one.

Chapter V: Discussion

This chapter is divided into five sections. First, the factors to be considered in reviewing the study are discussed. In the next section, the findings are discussed in relation to the relevant literature. Third, the recommendations and implications for nursing practice, administration, education and research are presented in light of the findings. In the next section, the personal reflections of the researcher are presented. Last, the summary and conclusions are provided.

Factors to Consider

In this study, a qualitative research design was chosen because it was appropriate for the phenomenon being studied. However, using this type of design by its very nature presents certain factors to consider in reviewing the study. These factors are germane to qualitative research in general and are presented for consideration only. The factors to consider when reviewing this study are discussed as sample, design and researcher.

Sample

One of the factors to consider in this study is the size of the sample. Only eight informants participated in the study. However, the researcher felt that saturation of categories was achieved with eight informants. It is possible that if more informants were interviewed, the findings would be different.

The type of sampling technique used is also a factor to consider. The nonprobability sample obtained by theoretical sampling does not allow for

traditional generalizability of the findings to individuals outside of the study. The informants were selected deliberately because of their experience with the phenomena being studied. However, the rich descriptions the informants provided of their experience may have meaning beyond the context of this study (Morse, 1991).

Another factor to consider is the characteristics of the sample. All informants spoke english and all informants except one were female. It is possible that language and gender could have influenced the findings. As well, the type of letters written were not evenly distributed between complaints and commendations. Eight letters of complaint and three complimentary letters were discussed. However, all informants were able to share both positive and negative aspects of their experience with the researcher. It is possible that individuals who have a complaint are more likely to write a letter than individuals who have a very positive experience. Having an equal number of informants who wrote both types of letters may result in different findings.

Another factor to consider is the method used to obtain the sample. Only two hospitals were accessed to distribute information about this study to individuals who had written a letter about the nature of care. All individuals who contacted the researcher through the hospitals invitation to participate in this study had written a complimentary letter to that hospital. However, upon interviewing these informants, two of the three had also written a letter of complaint to a hospital. These letters were also discussed. As well,

informants were obtained through snowball sampling. These informants met the critieria for inclusion in the study and had experiences involving three other hospitals. In total, informants described their experience related to letters written to five different hospitals.

Design

Another factor to consider is the subjective nature of the analysis. It is often difficult to replicate the findings of a qualitative study. This was the first experience the researcher had with grounded theory methods. As reported earlier, the researcher sought the assistance of her thesis supervisor to review the categories as they were developed and compared them to a coded transcript. The reseacher also had another nurse review the findings of the study to ensure the data supported the categories developed. However, this does not ensure that other researchers would reach the same conclusions as this researcher.

Researcher

The possibility that researcher bias existed also needs to be considered. The researcher herself had experience with the phenomena being studied. As previously mentioned, she bracketed her feelings and beliefs by being interviewed about her own experience prior to beginning data collection. The researcher also reanalyzed the data to ensure the categories she developed were

grounded in the data collected. However, there were times when the researcher felt she could understand what the informants were saying because of her previous experience.

Relationship of Findings to Relevant Literature

Causes of Complaints and Commendations

Several research studies have focused on retrospectively quantifying complaints about medical care (Chande et al, 1992; Hunt & Glucksman, 1991; Kadzombe & Coals, 1992; Owen, 1991; Reichl & Sleet, 1990; Schwartz & Overton, 1987). Two of the most common reasons for complaints were poor communication (Hunt & Glucksman; Kadzombe & Coals; Schwartz & Overton) and staff attitude (Chande et al; Hunt & Glucksman; Reichl & Sleet; Schwartz & Overton). As well, Burstein and Fleisher (1981) found that staff attitudes contributed to complaints and compliments. In this study, the quality of communication and the attitude of the staff were reflected in the care informants received. The staff's way of doing and being was found to be a factor that influenced informants to write letters about the nature of care to hospitals.

Perceptions of Caring and Noncaring

In this study, informants described the care they received as 'like a piece of meat' and 'like a person'. The themes of the category 'like a person' are consistent with findings in the literature related to patients' perceptions of nurse caring behaviours (Brown, 1986; Lemmer, 1991; Mayer, 1986; Paternoster,

1988; Pauly, 1993; Swanson, 1991). The theme 'helping along' described the staff as available to attend to the physical and emotional needs of the informants. Several researchers have found that patients identified these behaviours as caring (Brown, 1986; Cronin & Harrison, 1988; Keane, Chastain, & Rudisill, 1987; Paternoster, 1988). In Brown's (1986) study, patients described the 'reassuring presence' of the nurse. Paternoster (1988) found that patients described nurses as caring when they were solicitous and dependable. The nurses were present to care for them. Swanson (1991) found nurses were caring when they were emotionally available. She defined this caring process as 'being with' the patient. In both Cronin and Harrison (1988) and Keane et al.s' (1987) studies, patients identified nurses as caring when they were available and accessible to them.

Helping patients and families along by providing honest explanations was also identified as caring in several studies (Lemmer, 1991; Mayer, 1986; Swanson, 1991; von Essen & Sjoden, 1991). Mayer (1986) found that families' perceptions of the most helpful nurse caring behaviours included: the nurse being available, being honest, and keeping the family informed. Providing information was identified as caring in Lemmer (1991) and Paulys' (1993) studies. 'Helping along' is consistent with the caring behaviours described in these studies.

In this study, 'way of caring' described the behaviours and actions of the staff that gave informants a sense that they were cared for. These behaviours

and actions were described as caring in several studies (Brown, 1986; Lemmer, 1991; Paternoster, 1988; Pauly, 1993). In both Paternoster (1988) and Paulys' (1993) studies patients perceived nurses who were cheerful, friendly and smiling as caring about them. Lemmer (1991) described the category of 'caring for or about' as including the provision of individualized, family-centered care. Parents felt cared for when nurses and physicians recognized their unique situation and treated them as individuals. Brown (1986) also found that patients perceived nurses to be caring when the nurse recognized their individual qualities and needs. The nurse provided care that was personalized and respected their individual needs. The theme 'way of caring' is consistent with the caring behaviours described in these studies.

In this study, the themes of 'not attended to' and 'not even a person' emerged from the category 'like a piece of meat'. The behaviours and actions of the staff that gave informants a sense that they were not important. The findings of Riemen's (1986) study of patients' descriptions of non caring and caring behaviours are consistent with these themes. Riemen found the structure of noncaring interactions included the themes of nurse's presence and client's response. Nurses were described as not being available. They were too busy to listen to patients. Patients described the nurses as rough and only there to do the job. Patients described being treated as objects. The category 'like a piece of meat' is similar to these noncaring behaviours.

Responses to Caring and Noncaring

In this study, informants reaction to the care they received was described as 'being hurt ' and 'doing the job'. 'Trusting hands' and 'over and above' described the feelings that resulted when informants felt cared for and their expectations were met. The outcomes of caring described by Paternoster (1988), Pauly (1993), Riemen (1986), and Sherwood (1993) are consistent with these themes. Paternoster (1988) found that patients described feeling good, feeling secure and feeling that they were not alone. In Sherwood's (1993) study of responses to caring, she found that patient's decribed feeling reassured, trusting, satisfied and comfortable. Riemen (1986) found that the experience of a caring interaction resulted in the patient feeling secure, comfortable, at peace and relaxed. In Pauly's (1993) study, patients described the effects of a caring interaction as feeling less anxious, having "confidence/trust in the nurse" and as helping them heal. In this study, informants did not specifically identify helping with healing as a reaction to the care received.

In this study, informants described 'being hurt' as feeling scared, frustrated and angry as a result of the care provided. These findings are consistent with Riemen's (1986) findings related to the consequence of noncaring interactions. When patients needs were not met and they were treated as objects, they felt frustrated, angry, afraid, anxious and depressed.

Perceptions and Reactions to the Quality of Care

The category 'like a person' is consistent with the findings of studies of quality care (Harris, 1992a; Kirk, 1993; Taylor, Hudson, & Keeling, 1991; Wilde, Starrin, Larsson, & Larsson, 1993). Kirk (1993) studied patients perceptions of the behaviours and activities that constitute good nursing care. Informants described the "essential ingredients" of good nursing care as: caring, compassion, and individualized care. In Taylor et al.'s (1991) study, patients and families' described quality nursing care as holistic care that involved the patient and family. Effective communication and the personal qualities of the nurse were important attributes of quality care. Nurses were described as kind, friendly, gentle and helpful. Wilde et al. (1993) found patient's appreciated an "identity-oriented approach" of health care providers. This reflected the behaviours and actions of the staff that conveyed an interest in the patient. Staff were described as warm, cheerful and pleasant.

Harris' (1992a) analysis of complimentary letters sent to a home healthcare agency revealed that most letters were about interpersonal relationships and the personality of the provider (type 1) and the professional competency of the provider (type 2). In this study the professional competency of the provider was not found to be a major theme. None of the informants expressed direct concern about the competency of the staff. Ron described the staff as "doing what they could". However, interpersonal relationships and the personality of the provider were described by informants. The behaviors and

actions of the staff were an important part of the informant's reaction to their experience. Harris (1992b) found that individuals commented most often about registered nurses in their letters. This study also found that registered nurses were frequently mentioned in letters sent to hospitals.

The positive reactions of individuals to the care they received ('doing the job') was consistent with the findings of Taylor et al. (1991), Kirk (1993), and Wilde et al. (1993). Kirk (1993) described informants reaction to good nursing care as a good feeling and trust in the nurse. "Good nursing care generated and reaffirmed confidence" (p. 103). Wilde et al. (1993) described the patients as trusting caregivers who were honest and sincere. The theme of 'over and above' was consistent with the findings of Taylor et al's (1991) study. The attribute of "nurse's commitment to excellence" was described as "going beyond what was expected" (p. 27).

The findings of researchers who reviewed letters sent to health care agencies also bear some resemblance to the findings of this study. Ludwig-Beymer et al. (1993) found two core categories of patient/family perceptions of quality: global experience and quality nursing care experience . The characteristics of a quality nursing care experience were described as "a calling of the head and heart" (p. 46). Nurses were described as capable, communicative, caring, respectful, enthusiastic, encouraging and going the extra mile. These characteristics are similar to those described in the category of 'like a person'. The global experience pattern of healing environment was

described as relieving anxiety resulting in feelings of peace and relaxation. These characteristics are reflected in the theme of 'trusting hands'. Informants reaction to the care they received. Ludwig-Beymer et al. (1993) only described individuals perceptions of quality care and caring. Poor quality care and noncaring behaviors were not discussed.

Rempusheski et al. (1988) identified a process and categories similar to the findings of this study. Their purpose was to determine the perceptions of hospitalized individuals about care expected and care received, as communicated in letters sent to the hospital after discharge. A process of four stages consisting of: elements of care; patient/family judgment of care; options for action; and outcomes or lasting impressions of care was suggested. Several categories within the elements of care stage were similar to categories in the receiving and reacting to care phases of this study. Caregiving/caring, unconditional acceptance, collaboration/teamwork, professional image and characteristics of the nurse were similar to the themes of 'helping along' and 'way of caring'. The negative or opposite side of these categories would be similar to the themes represented by 'like a piece of meat'. The categories of nutrient power and service quality are similar to the negative and positive reactions to care described by the categories of 'being hurt' and 'doing the job'. These categories described "the change that is given by one's care for the other", nutrient power, and the "degree of excellence achieved in meeting the needs of patient/family...", service quality (p. 47). The concept of critical

juncture as mediating a patient/family's judgment of care was not specifically identified in this study. The options for actions (alternative caregiver, care investment and reciprocity) were consistent with the taking action phase. Alternative caregiver was consistent with the theme of 'taking over' . Care investment was similar to speaking out to improve the care for other people. Reciprocity reflected the actions of patients/families to acknowledge care received and included the giving of gifts to the staff. This is similar to the category of expressing thanks. However, in this study, reciprocity did not include the giving of gifts. Informants only described the writing of letters to express appreciation. They were not specifically asked about other gifts of appreciation. Rempusheski et al's category of nurses make a difference described the degree of patient satisfaction and the lasting impression of nursing care received. In this study, 'leaving a permanent mark' reflected not only the lasting impression of nursing care received but the lasting impression of the organization. Rempusheski et al. only studied the perceptions of individuals up to the time they wrote the letter. They did not examine the entire experience of individuals who write letters about the nature of care. In this study, the process encompassed the impression left with informants as a result of the hospital's response or lack of response to the informant's letter.

Implications

Nursing Practice and Administration.

The findings of this study aim at a number of implications for nursing practice and administration. A positive outcome to an individual's experience occurred when the staff and the organization treated the informants like human beings. A negative outcome occurred when the staff and/or the organization treated the informants 'like a piece of meat'.

Nurses played a key role in influencing the perceptions and reactions of the individuals in this study. As Spitzer (1988) stated, nurses are 'goodwill ambassadors'. As seen in this study, informants want to be treated with care, compassion, dignity and respect. They want to be treated like human beings. Nurses can move towards developing trusting relationships with the individuals in their care by listening and communicating honestly with patients and families. By being available and attentive to the needs both of patients and families, nurses can help them through their experience. By being kind and gentle, nurses can begin to build trust. The way that nurses care for patients and families should communicate a sense of respect and dignity for them as individuals. It is the small acts of kindness that can make the biggest difference in their experience. A smile, a look of understanding, a friendly greeting, a hug; these are the things that make the difference to patients and families.

As well, nurse administrators need to examine the key role they play in setting the attitude of the unit. Nurse administrators need to treat their nurses with the same kindness, caring and compassion that they expect patients to be treated with. Nurse administrators need to assess not only the technical skills of their staff but also their interpersonal skills. Nurses need to be given the assistance and support of their managers to develop these skills and learn to value them with technical skills.

As well, the importance of the initial contact patients and families have with the hospital needs to be stressed. Nurse administrators need to ensure that not only the nursing staff but the unit clerk are aware of the key role they play in public relations. They are often the first face that patients and families are greeted by and may leave a lasting impression.

In addition, nurses and administrators need to review and establish policies for responding to letters. The findings of this study showed the important role of the organization in acknowledging the informants letter with a written response. The possibility of having the key staff member identified in the letter respond directly to the individual's concerns needs to be addressed.

Nurses and administrators may also want to explore other ways of obtaining input from patients about their experience. Input could be sought in a variety of ways, such as: interviewing and feedback boxes. Patients and/or families could be interviewed on discharge from the hospital about the care

they received. Key individuals could be identified to complete the interviews such as, patient representatives, volunteers, etc.

Another option would be to have feedback boxes on each unit. The hospital could post a sign above the box indicating the value the hospital places on the input of patients and families. Writing paper and pencils would be available as well. Rather than a satisfaction questionnairre, a few basic questions could be asked in both the interview and on the paper to stimulate responses. The questions asked could be as simple as: what things made a difference to your hospital visit? what could we do differently to improve your experience? Perhaps this would allow those individuals who have concerns and/or very positive experiences but choose not to write an opportunity to provide helpful feedback.

Nursing Education

The findings of this study also have implications for nursing education. Nurse educators need to emphasize to their students the importance not only of the science of nursing but of the art of nursing. Students need to be sensitized to the importance of developing trusting, caring relationship with their patients and families. A basic course in communication skills is vital to the curriculum of a nursing program. Students need this solid basis to build on in future relationships with patients and families. This need cannot be emphasized enough as was seen in the findings of this study. Learning to listen,

understand and truly care for their patients needs to begin in a nursing program.

Nursing Research

The findings of this study have implications for future nursing research. Further research needs to be done on patients and families perceptions and reactions to the care they receive. This study could be replicated to elaborate on the process. Other populations (ie. chronically ill), cultures, and genders (males) could be explored to develop better understandings of the nature of their experience. As well, a study to examine the perceptions of individuals who have concerns about the care they receive but choose not to write a letter needs to be done. A study could also be designed to explore the perceptions of nurses as well as individuals about the experience that lead to the writing of the letter. The other side of the experience needs to be examined. What is the nature of the experience for nurses who receive a letter of complaint?

These findings have relevance not only for nursing practice, administration, education and research but for the practice of other members of the health care team such as physicians, unit clerks, xray technicians, etc. All members of the health care team need to examine the important role they play in caring for patients and families.

Personal Reflections

In reflecting on my experience throughout this research process, I think back to the interviews with the informants. I can see each of them over and

over again as I reflect on their messages. Many times I was moved by the power of their words. At times, I felt their hurt and disappointment. At other times, I felt anger and frustration as I relived their experience with them. Yet, I also felt the peace that came with feeling cared for. More than anything though, I felt freed. They helped me to understand the process they went through and see essence of nursing through their eyes. They gave me the gift of understanding. An understanding of the acts and behaviours that truly make the difference to patient care. These individuals gave me a sense of renewed optimism for the future of my profession. I felt proud to be a nurse.

In reflecting on other aspects of the research process, I am reminded of my struggle to analyze the data. I found it challenging to discover the process not only in the data but the research process itself. I experienced the ups and downs of doing research both in the analyzing of the data and writing of the thesis itself. At times, I felt the exhilaration of finally coming up with just the right term to describe a category. I also felt the exasperation of not being able to put my thoughts to paper. My own process was not unlike those of my informants. It was at times like night and day. Now I feel the dawning of a new day as I come closer to finishing my thesis and to moving forward in my life. It is a good feeling!

Conclusions

With the rapid changes that are taking place in the health care system, it is easy to lose sight of those individuals who are at the heart of the system

itself, the patients, clients, consumers and customers. They are the reason for the existence of nurses and other health care professionals. The true value of this research is seen in the stories of the informants. The power of their words and meaning must not be lost.

Nurses in practice, administration, education and research need to consider the implications of this research for them. This research reminds nurses of the perceptions and reactions of the individuals that they care for. The human aspect of the work of nurses must not be forgotten. A voice has been given to the voiceless. A voice that needs to be heard.

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Appendix A
Hospital Covering Letter

Dear Sir or Madam:

As someone who has written a letter to us about your experience in our hospital, I would like to invite you to take part in a research study. A nurse, Marilyn Wacko, is doing a study on people who have written letters to hospitals. Please review the information letter about her study. If you have any questions or concerns, please feel free to contact me at _____ or to contact Marilyn Wacko at 481-5807. Please note that the researcher does not know your name and has not seen your letter.

Sincerely,

(Hospital Contact Person)

Appendix B
Information Letter

Dear Sir or Madam:

As someone who has written a letter to a hospital about care received, you are in an ideal position to share your experiences with me. I am interested in your thoughts and feelings about your experience. Learning more about your experience will help nurses to provide better care to other people.

If you agree to take part in this study, you will be interviewed up to three times at a time and location convenient to you. The interviews will last about one hour and will be tape recorded. Taking part in the study is completely voluntary. Your name and the information you provide will be kept confidential. Your individual responses will NOT be made available to the hospital staff.

I am a nurse who has recently returned to University to further my education. This research is part of the requirement for an advanced degree in nursing. If you have any questions or concerns please call _____(hospital contact) or me (Marilyn Wacko) at 481-5807. If you would like to take part in this study, please return the enclosed postcard or call the researcher (Marilyn Wacko) at 481-5807.

Thank you very much for your time.

Sincerely,

Marilyn Wacko, RN, BScN
Graduate Student

Appendix C
Consent Form

Project Title: Unsolicited Letters: The Meaning of Complaints and Commendations

Researcher:
Marilyn Wacko
Registered Nurse
Graduate Student
Faculty of Nursing
University of Alberta
481-5807

Thesis Supervisor:
Dr. Olive Yonge
Associate Professor
Faculty of Nursing
University of Alberta
492-2402

Nurses are interested in finding out how to improve the care that they provide. However, little is known about the experience of individuals who write letters to hospitals about the care that they receive. This study has been planned to meet this need by asking individuals about their experience.

You will be interviewed up to three times. These interviews will be tape recorded and will last about one hour. These interviews will occur at a place and time convenient for you. All interviews will be typed word for word.

Your name will not appear in the study. A code number will be placed on all information about you. The researcher will erase any identifying information on the tape. The typist will sign an oath of confidentiality. The tapes and typed interviews will be kept in a locked filing cabinet. Your code number, name, address and phone number will be kept in a separate locked filing cabinet. The tapes will be destroyed seven years after the study is completed. The typed interview and notes will be kept in a locked filing cabinet indefinitely. If any further use is made of the information, approval will be obtained from an ethics committee at that time.

You do not have to be in this study if you do not wish to be. You can drop out at any time by telling the researcher or thesis supervisor. You do not have to answer any question that you do not want to. Your individual responses will NOT be shared with hospital staff. Your name will not be mentioned in any of the reports, articles, presentations dealing with this study.

There are no known risks to you if you participate in this study. You may not benefit directly from the study but the information obtained will help nurses to provide better services in the future.

Consent

I, _____, have read this information and give my consent to take part in the above research project. I have a copy of the consent form. I have had an opportunity to ask questions. I can call the researcher at anytime if I have questions or concerns. I understand that I am free to withdraw from the study at any time.

_____ _____
Signature of Participant Date

_____ _____
Signature of Researcher Date

I would like to receive a copy of the results of the study

Yes_____ No_____

Please print your address in the space provided below and a summary of the results will be sent to you.

Appendix D

Demographic Data Form

Relationship to Patient: _____

Reason for Patient's Hospitalization:_____

1. Age:_____
2. Place of Birth:_____
3. Ethnic origin:_____
4. Marital Status:_____
5. Gender: (Please Circle) Male Female
6. Education: (circle highest level completed)
   Grade school Junior high High school

   Trade school University Graduate School
7. Most recent occupation:_____
8. Number of days patient was in hospital where letter was sent
   _____
9. Number of times patient has been in hospital where letter was sent
   _____
10. Number of letters written to any hospital in the past(include dates)
    _____

Code Number:_____ Date:_____

Appendix E
Oath of Confidentiality

Title of Research Project: Unsolicited Letters: The Meaning of Complaints and Commendations.

Researcher:
Marilyn Wacko
Graduate Student
Faculty of Nursing
University of Alberta

Thesis Supervisor:
Olive Yonge
Associate Professor
Faculty of Nursing

This study involves confidential information therefore individuals working on this study are asked to sign an Oath of Confidentiality. You are legally responsible for any breach in confidentiality. By signing this Oath you agree to keep the information confidential.

I, _____, swear that I will diligently,
(print name)
faithfully and to the best of my ability, execute according to the law the duties required of me as the transcriber of this data. I will not, without undue authorization, disclose or make known any matter or thing which comes to my knowledge by reasons of my involvement in the service of this project.

_____
Signature

Taken and subscribed before me at_____

this_____day of_____, 199_.

_____
Witness

Appendix F
Guiding Questions

a. Tell me about the experience that lead to the writing of the letter.
b. Tell me what you remember about your feelings and thoughts during that time.
c. Tell me about the factors that specifically lead you to write a letter.
d. What were your expectations? What type of care would have eliminated this problem?
e. How did you feel after you wrote the letter?
f. What made you choose that form of communication (letter over verbal)?
g. What was the response you received?
h. What were you hoping that your letter would accomplish?
i. How typical/atypical is this for you to do?